



**Tax Commissioner's Office
188 Third Street
Macon, GA 31201**

Wine Tasting Permit
\$500/Fee

APPLICANT INFORMATION

Name: _____ Telephone Number: _____

Home Address: _____

EVENT INFORMATION

Name Of Event: _____

Address Of Event: _____

Date Of Event: ___/___/_____

Time Of Event: ___:___AM/PM - ___:___AM/PM

I declare under penalty of false swearing, that the above information on this application has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Signature of Applicant

Date

Please mail completed application and fee to:

**Tax Commissioner's Office
188 Third Street
Macon, GA 31201**